

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213534544			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Urban Institute</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: F1675240</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2100 M ST NW</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20037</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SARAH ROSEN WARTELL TITLE: PRESIDENT ADDRESS: 2100 M ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SARAH ROSEN WARTELL TITLE: PRESIDENT ADDRESS: 2100 M ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	FREEMAN A HRABOWSKI, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	J ADAM ABRAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	DAVID AUTOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	DONALD A BAER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	AFSANEH M BESCHLOSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	ERSKINE B BOWLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	HENRY CISNEROS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	JAMIE S GORELICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	FERNANDO A GUERRA, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	MARNE L LEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		
NAME:	N GREGORY MANKIW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 M ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNETTE L NAZARETH DIRECTOR 2100 M ST NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSHUA B RALES DIRECTOR 2100 M ST NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEREMY TRAVIS DIRECTOR 2100 M ST NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY A WILLIAMS DIRECTOR 2100 M ST NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDY WOODRUFF DIRECTOR 2100 M ST NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT MBUCHANAN		ROBERT MBUCHANAN,	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
		7/25/2013	
		PRINTED NAME AND CORPORATE TITLE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			